

Case Number:	CM15-0034460		
Date Assigned:	03/02/2015	Date of Injury:	06/21/2011
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41-year-old female, who sustained an industrial injury on June 21, 2011. She has reported she was loading a computer chair into the back of her van and felt a pop in her low back. The diagnoses have included muscle hypertonia of the bilateral extensor carpi radialis and flexor carpi ulnaris muscles at the elbow producing pain into both distal segments of the forearms, wrist, hands and fingers, post-operative right carpal tunnel release, post-operative right lateral epicondyle release, 20% grip strength loss in the dominant right hand, left gluteus maximus medius and minimus, and piriformis muscle hypertonia, likely due to improper gait, left iliopsoas hypertonia likely due to improper gait, left Sacroiliac joint sprain/strain likely due to improper gait, post-operative lumbar laminectomy on the left at L5-S1, post-operative lumbar fusion L5-S1, post-operative lumbar radiculopathy on the left at L5, post-operative lumbar radiculopathy on the left at S1 and post-operative particle cauda equine syndrome. Treatment to date has included laminectomy, lumbar fusion at the L5-S1 level, carpal tunnel release and lateral epicondyle release with residual medical findings, Norco for pain, Urecholine for sleepy bladder and muscle relaxers. Currently, the injured worker complains of left elbow, forearm, wrist, hand and fingers and the right elbow, wrist, hand and fingers and the low back and left leg injuries. In a progress note dated November 3, 2014, the treating provider reports examination reveals the injured worker ambulates with a cane, abnormal muscle strength in the injured worker feet, upper body and upper extremity neurological examination had abnormal findings, lower body and lower extremity examination had abnormal findings. On January 30, 2015 Utilization Review non-certified Gabapentin 300mg quantity 60, Ambien 10mg quantity 30,

Pantoprazole DR 20mg quantity 60, Cyclobenzaprine 7.5mg quantity 60, Hydrocodone/APAP 10mg/325mg quantity 120 and Urecholine 25mg quantity 90, the Utilization Review did not submit what guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 300mg 360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 17-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin.

Decision rationale: According to the CA MTUS (2009) and ODG, Gabapentin (Neurontin) is an anti-epilepsy drug (AED), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. In this case, there is no documentation of the medication's pain relief effectiveness, or functional benefit. This patient has continued complaints of constant numbness and tingling that increase with daily activities, despite regular use of Gabapentin. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem.

Decision rationale: ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation of any current subjective complaints of a sleep disturbance or a benefit from use of the medication. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

Pantoprazole DR 20mg 360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump inhibitors Page(s): 68.

Decision rationale: According to the California MTUS (2009), Pantoprazole (Protonix), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient has any GI symptoms or risk factors. Based on the available information provided for review, medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant with similar effects to tricyclic antidepressants. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Flexeril is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. In this case, there are no muscle spasms documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for Flexeril 7.5mg, has not been established. The requested medication is not medically necessary.

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: Hydrocodone/Acetaminophen (Vicodin) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic

pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Urecholine 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Urecholine (Bethanechol) is a parasympathomimetic choline carbamate that selectively stimulates muscarinic receptors without any effect on nicotinic receptors. The medication is used in the treatment of neurogenic bladder urinary retention resulting from general anesthesia, diabetic neuropathy of the bladder, for side effects of antidepressants and to treat gastrointestinal atony. Bethanechol should be used to treat these disorders only after mechanical obstruction is ruled out as a possible cause. In this case, there has not been documentation of urinary dysfunction to support the use of this medication. Medical necessity for Bethanechol has not been established. The requested medication is not medically necessary.